

DOCUMENT RESUME

ED 253 647

CE 040 179

TITLE The Role of WHO Participating Centres in Continuing Education, Specialty Training and Educational Research. Report on a Seminar (London, England, October 31-November 2, 1983).

INSTITUTION World Health Organization, Copenhagen (Denmark). Regional Office for Europe.

PUB DATE 84

NOTE 24p.

PUB TYPE Collected Works - Conference Proceedings (021)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.

DESCRIPTORS Educational Innovation; Educational Needs; *Educational Research; Family Practice (Medicine); Foreign Countries; *Health Personnel; Labor Force Development; Medical Education; Medical Services; *Primary Health Care; *Professional Continuing Education; Research Methodology; *Research Needs; *Specialization; Teacher Education

IDENTIFIERS *World Health Organization European Region

ABSTRACT

This document reports on a seminar to discuss the role that World Health Organization (WHO) participating centers should play in meeting the priority educational needs of the European Region in specialty training, continuing education, and educational research. The three working papers are summarized, and results of discussion on them are noted. The working paper (by H.R. Noack) on the role of WHO participating centers in educational research focuses attention on what should be the most relevant areas of research in health labor force development and what research strategies should be adopted. The working paper on specialization (by J. Parkhouse) underlines the ambivalent nature of medical specialization, emphasizes the role of primary medical care, and draws attention to questions regarding postgraduate training. The working paper on the role of WHO participating centers in continuing education (by B. Paccagnella) suggests that health personnel possess professional experience but need a reorientation of their professional attitudes towards the implications of primary health care. Three priority areas for research identified by seminar participants are discussed: evaluation of continuing education, decision making in regard to specialization, and systems of specialization. Suggestions are made for creation of a network of persons engaged in teacher training in the WHO European Region. (Summaries in French, German, and Russian are attached.) (YLB)

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ED253647

THE ROLE OF WHO PARTICIPATING CENTRES IN CONTINUING EDUCATION,
SPECIALTY TRAINING AND EDUCATIONAL RESEARCH

Report on a Seminar

London
31 October - 2 November 1983

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1984

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1. Introduction

The Seminar, convened by the WHO Regional Office for Europe and hosted by the BLAT Centre for Health and Medical Education and the British Medical Association, brought together 22 temporary advisers from 17 countries of the European Region, one observer and three WHO staff members. The participants were welcomed by Dr A. Wojtczak, Director, Research, Planning and Human Resources, WHO Regional Office for Europe, who opened the meeting on behalf of Dr Leo A. Kaprio, Regional Director. Those present were mostly directors of WHO participating centres engaged in postgraduate medical education and continuing education. Health education, nursing, pharmacy and child care were also represented. Dr W.D. Clarke was elected Chairman of the Seminar. A list of participants is annexed.

2. Scope and purpose

The Seminar was planned as one of a number of innovations in the area of WHO programmes in teacher training and other health manpower activities, envisaged by a previous meeting held in London in 1979.^a These innovations are seen as part of the strategy for attaining health for all by the year 2000, adopted by Member States of the European Region. Within this overall strategy, the provision of adequate human resources is essential and, to ensure the proper development of these human resources, three subjects are being given special attention.

(1) The first subject of concern to Member States is the uncoordinated development of specialties and subspecialties, which are too often generated by medical science instead of coming about as a direct response to health needs.

(2) The role of continuing education is being scrutinized. Most countries accept the need for continuing education, and many schemes exist to implement it. However, as stated in the report^b on a WHO seminar held in San Remo (1981), "Health authorities cannot expect continuing education to make a substantial contribution to primary health care unless they assure the conditions for the exercise of the epidemiological, sociological, educational, teamwork and other competencies, which must be the object of continuing education in support of primary health care." This can be effected only if there are considerable changes in current European practice.

(3) Research leading to innovation in education is also called for. Such research must be relevant to the needs of the European strategy. Relatively little research in health manpower development (HMD) has been or is being done, and a WHO Consultative Group meeting in Prague (1981)^c listed 13 areas that need to be researched before solutions to current problems can be found and implemented.

The present Seminar was convened to discuss the role that WHO participating centres should play in meeting the priority educational needs of the European Region in relation to these three subject areas and, more specifically:

- (a) to ensure that the specialties developed meet the real needs of the health services;
- (b) to increase the amount of research relevant to HMD;
- (c) to change the characteristics of continuing education with a view to implementing the regional and national strategies for attaining health for all by the year 2000.

The Seminar was also asked to suggest what action on these matters should be taken by national authorities and to advise the Regional Office for Europe on the activities it would be appropriate to develop. Finally, the meeting provided a general forum in which the directors of participating centres could discuss areas of mutual concern.

^a Planning and implementation of teacher training programmes: report on a WHO Seminar. Copenhagen, WHO Regional Office for Europe, 1981 (unpublished document ICP/EDS 001).

^b Continuing education for primary health care: report on a WHO Seminar. Copenhagen, WHO Regional Office for Europe, 1982 (unpublished document ICP/MPM 019).

^c Organization and scope of research in education for the health professions: report of a Consultative Group. Copenhagen, WHO Regional Office for Europe, 1982 (unpublished document ICP/PPM 004).

3. Context of the Seminar

The strategy for health for all by the year 2000 is sometimes criticized as being unrealistic. However, it should be construed not as a promise, but rather as a spur to greater political commitment by governments to take action aimed at improving the health of their populations. Governments could, for example, ensure that health becomes the responsibility of all government departments, not just of one ministry or department of health.

The strategy is also criticized as being more applicable to the developing countries and as having little relevance to the developed countries of the Region. It is true that Europe has seen impressive developments in its hospital services. However, many people in the Region still have insufficient access to the health services. Primary health care (PHC) has to be organized conceptually, not merely as an aim for the medical profession alone, but also as an essential goal for all health professionals.

Some progress has already been made in the European Region in this respect. For example, the WHO seminar in San Remo strongly advocated the concept of teamwork as a basis for PHC, and this is now being actively promoted as an ideal. The WHO Consultative Group meeting in Prague stressed the importance of research as a further key element. Finally, a WHO meeting in Exeter (1983)^a began the difficult task of translating the concept of health for all by the year 2000 into educational terms.

4. Methods of work

The working papers were introduced in plenary session. The participants were then divided into three subgroups, each of which considered different aspects of the topics raised. These subgroups then reported on their deliberations to another plenary session, at which further discussion took place.

5. Educational research

The working paper by Dr H.R. Noack addressed the role of WHO participating centres in educational research. The author focused attention on what should be the most relevant areas of research in HMD and what research strategies should be adopted, taking into account the limited resources available. Medical schools and other institutions of higher education in the European Region have played a marginal role in such research, possibly because the disciplines involved, namely the behavioural and social sciences in medicine, are rather poorly developed. Furthermore, these same institutions differ in their approach to major health challenges. The author suggested that, rather than list areas for research, it would be more productive to review the results of the WHO meetings in Prague (1981) and New Delhi (1982)^b, with a view to answering the following crucial questions.

- What is a particularly relevant and manageable research problem in HMD in my own institution, i.e. a problem that is related to the improvement of health?
- What methodological approach would be most suitable for tackling this research problem in an efficient way?
- What resources (personnel, equipment, know-how, support) inside and outside my institution would be available for a research project on this problem?
- If the resources available prove to be too limited for the research project envisaged, how could additional resources most likely be mobilized and how long would this take?
- If additional resources do not seem to be available, can the original research problem be reduced to a manageable size and, if so, what would the reformulated problem be?

^a Primary health care in undergraduate medical education: report on a WHO Seminar (in preparation).

^b Methodologies in health manpower development research as a part of health systems research: report on a WHO Interregional Consultation. New Delhi, WHO Regional Office for South-East Asia, 1983 (unpublished document ICP/HSR 001).

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Results of the discussion

The discussion revealed concern that there should be greater recognition of the legitimacy of research in medical education. The following particularly relevant research problem areas in HMD were noted:

- the needs of the community health specialist;
- requirements to meet those needs;
- mechanisms for establishing HMD policy;
- profile of the lifestyle of the specialist compared with that of a PHC physician, so as to motivate medical students;
- methods for matching the curriculum to health services;
- the question as to whether postgraduate training makes a difference to the way in which general practitioners (GPs) serve health needs;
- the degree to which physicians believe in the effectiveness of PHC training;
- educational methodology in postgraduate training;
- the relationship of undergraduate training to career choice;
- methods for evaluation of postgraduate training;
- the place that the education of lay people has in the work of health professionals.

Methods for researching these topics might include a comparative study of different institutions (e.g. to compare new and traditional medical schools), case studies and sample surveys. Most of the resources for this research would be found in the medical schools themselves.

6. Specialization

In his working paper, Professor J. Parkhouse underlined the ambivalent nature of medical specialization. On the one hand, it promotes welcome developments in medicine; on the other, it seems to be a response to unhealthy lifestyles rather than an effort to promote healthy living. It was suggested that the discussion should concentrate on the role of primary medical care (family practice), with reference to specialized content, referral policy, the relation to specialist and community health services, the graduate training of GPs, teamwork and manpower planning. A further point open to discussion was postgraduate training with regard to the control of numbers, the variety of training experiences, the length of training, the relation to continuing education and the restriction of practice to registered professionals. Some of these aspects might be scrutinized by means of cost-effectiveness studies of individual specialties, by establishing an effective data base on the present situation or through manpower planning.

Results of the discussion

The discussion gave rise to a number of points.

- (a) There should be a flexible strategy for specialization in PHC.
- (b) Since health administrators play a role in the implementation of the strategy, should they be physicians or not? If they are physicians, they may need training in administration and management.
- (c) Because of the growing requirement for health professionals to make decisions within strict financial constraints, all members of health teams should learn about the role of economics in health decisions.
- (d) It might be better to talk of health specialization rather than of medical specialization, so as to include all categories of health worker. This would have consequences for the further education of all types of health worker.
- (e) In the conceptualization of health services, the GP often appears at the bottom of the structure chart. From a psychological point of view, it would be better if this were avoided.

(f) Why do people specialize? Motives vary and include competence, identity, status, community demand, the organization of health services, morbidity and mortality and the job market.

(g) The education and training of the different levels of health manpower might in some way be integrated.

(h) The various factors involved in the manpower development process include community health needs and the free market system. The free market system is independent of needs and can have possible negative effects on patients, other health professionals and PHC. Economic forces and technology (which can lead to new subjects) also affect the process of manpower development.

(i) Health workers need special training together, not separately, about environmental factors and lifestyles in relation to health, and it is probable that no specialist teams are required for prevention.

(j) All health systems need a monitoring system to control, steer, plan and evaluate the services of which HM/D is a part.

(k) There is a need to clarify the terms "health" and "health policy".

Innovative activities with regard to specialization already exist in some participating centres, e.g. the evaluation of postgraduate students, the assessment of specialist competencies and the planning of continuing education for specialists. Research in the area of specialization could form an important contribution by participating centres.

The following research areas were considered worthy of attention:

- identification of those engaged in decision-making about the content and modalities of postgraduate programmes;
- the career structure for individual types of specialist;
- criteria for evaluation of the community need for specialists;
- evaluation of specialist competencies;
- evaluation of the community demand for specialists;
- evaluation of the effectiveness of continuing education for specialists.

A common protocol of research could be constructed and implemented in different countries so that useful comparisons could be made. Such a protocol should be drawn up by the participating centres themselves and not be imposed on them. In any case, local initiatives will always make a project more manageable and acceptable. Once a common protocol is established, research projects could provide more accurate information, with specific national examples, on specialization. While the present information available on specialization in the European Region is valuable, it is still very much in its early stages, and more refined studies need to be undertaken.

7. Continuing education in PHC

The working paper by Professor B. Paccagnella on the role of WHO participating centres in continuing education emphasized that health personnel already possess professional expertise. What they need, therefore, is mainly a reorientation of their professional attitudes towards the implications of PHC. This ought to be the first aim of continuing education. Participating centres could initiate research in the development of continuing education and also help others, by invitation, to promote an interdisciplinary approach and to mobilize intersectoral cooperation. If such assistance is forthcoming, it must respect local language and culture in order to be effective.

This assistance is necessary for two reasons: firstly, because different countries are at different stages of development as regards both PHC and continuing education and, secondly, because outside help is a tactical instrument in efforts to change attitudes (the visiting expert can often be more influential than the local reformer). The best way forward would be to train those people who have the greatest influence over the largest number of health personnel. It is clear, therefore, that highest priority should be given to the training of teachers in pedagogy and educational methods, with outside help to overcome local resistance.

A further role for participating centres is that of organizing various activities in their respective countries for the benefit of visitors from other countries, e.g. courses, seminars, study tours, contact with local health teams, visits to health service institutions or agencies, the identification of good practice, and the coordination and promotion of health services research.

Results of the discussion

During the discussion, continuing education was defined as on-the-job education, compulsory or otherwise, but with no further qualification upon completion. The discussion groups raised the following issues.

- (a) Continuing education is intended not only for GPs, but also for specialists.
- (b) Continuing education in various fields takes place in many countries already, but the approaches adopted are different.
- (c) It may be important to exchange and pool these various experiences and then establish a common policy of teacher training.
- (d) Research might come after this, as a later stage of cooperation, but an informal comparison would be possible and valuable now.
- (e) Though the exchange of ideas is important and research appears to be a valid approach, it is nevertheless not always clear how these activities differ from other efforts to improve continuing education.
- (f) Continuing education cannot be viewed in isolation from undergraduate and postgraduate education. The skills for self-teaching and unsupervised learning, as well as proper attitudes to the need for continuing education, are often negated by the traditional methods of education in medical schools.
- (g) The whole process of education, not just for physicians, but also for nurses and social workers, requires close examination.
- (h) Should continuing education be compulsory? If not, should incentives be provided?
- (i) Since much of continuing education will be concerned with attitudes, decision-making and performance improvement, the traditional methods of teaching and learning are not appropriate.
- (j) The environment in which continuing education takes place is important, for it is the context in which the health worker performs his tasks. A good understanding of the context will make continuing education more relevant.
- (k) The materials for continuing education are less important than the process, i.e. the teachers and methods of teaching.
- (l) Continuing education is at present more important for health workers whose tasks are performed outside the hospitals, because hospital staff already have either organized training or immediate daily interaction with each other.
- (m) However, a serious drawback for hospital workers is that different professionals still receive continuing education separately from each other. While different categories of health worker do have individual education needs according to their specialty, there are certain matters that they should learn together, e.g. decision-making as a team.
- (n) Continuing education is still ill-defined. It differs from undergraduate and postgraduate education, but where does it begin and end? What should be the core content? Is the motivation for it derived from career structure or from job satisfaction? Is the problem of updating different from that of reorientation of attitudes? If so, should emphasis be placed on attitudes, with education about culture and communication?
- (o) Ideally, continuing education should now be multiprofessional, and an effort should be made to consider it in terms of teamwork, of learning/teaching procedures, and of thinking processes related to people working in PHC. The continuing education of PHC physicians, therefore, will be quite different from that of specialists, whose continuing education has so far been mainly about more and better technology or drugs.

Research areas in continuing education

The Seminar suggested that it would be useful to pursue the following research topics in the field of continuing education:

- technological aspects (mass media, simulation, computer education) in relation to the participants and the topics to be taught;
- the organization of continuing education (Which topics should be taught? Which are best taught through individual training and which by the mass media? How can the educational materials be prepared?);
- monitoring mechanisms, e.g. in relation to the process of specialization;
- the roles and tasks of PHC workers;
- the key issues for PHC physicians in relation to geriatric care;
- important training issues with regard to self-imposed risks, such as alcohol consumption and smoking;
- the acquisition of more information about those who do not accept continuing education.

Participating centres

The role of participating centres would be one of assisting in all these matters, by planning, researching and undertaking comparative studies, and by acting as advisory bodies at national and international levels. Mechanisms for coordinating the efforts of the various participating centres that undertake to research certain issues could be developed through, for instance, WHO.

8. Other related issues

In the course of the discussion, participants identified several issues that were common to the three main topics discussed and had an important bearing on them.

(a) The training of teachers. Resources will best be deployed in the training of teachers. They need an understanding of, and skills in, educational methodology, and they also need to learn how to apply these skills when faced with an interdisciplinary group of learners.

(b) Sharing of experiences. Because of the different systems in different countries and the fact that different countries are at different stages of development in all aspects, it is evident that there is a considerable need to pool ideas and experiences.

(c) Evaluation and/or monitoring mechanisms. All systems of education need an evaluation component. A first step towards this would be the provision of adequate data on the present situation with regard to continuing education and specialties. When data become available, comparative studies can be undertaken of specialist institutions and countries with regard to continuing education, decision-making and other aspects.

(d) Curriculum content. It is often said that what health professionals and specialists learn is not relevant to the health needs of the community. One must therefore consider how the curriculum can best be matched to the known health needs.

(e) Management and economics. The managers of health services are part of the PHC services, and their educational needs have to be considered in implementing the strategy for health for all by the year 2000 according to whether they come from the medical or other professions. A further dimension is that of economics. Both administrators and practitioners need more information about economic constraints and education in accepting them and applying them creatively to the health needs of the community.

(f) The learners. If the learners are to be taught effectively, we must know what their motivation is at the undergraduate, postgraduate and continuing education levels. Furthermore, we have to establish the work context of those in need of continuing education. Analysis of the work setting will provide us with more information about continuing education needs.

9. Research projects

From the principal topics, three research projects were selected as being of particular interest to the Seminar participants and in line with the regional strategy for attaining health for all by the year 2000:

- evaluation of continuing education, with particular reference to PHC;
- decision-making in regard to specialization;
- systems of specialization (How do they match the health needs of the population? Are they relevant to those needs?).

Seminar members examined these three proposed projects and stated their potential interest in participating. It was stressed that common protocols should be prepared so that international comparisons could be made and that the centres themselves should assume the main responsibility for their work.

9.1 Evaluation of continuing education

It was proposed that case studies be developed in different countries on continuing education in PHC with regard to the problems of the elderly, since that was a field of growing importance in the European Region. The proposers decided that continuing education was concerned with educating multidisciplinary teams to deal with problems. The most important aspect was the reorientation of attitudes to the concept of PHC. Continuing education in PHC would therefore have content appropriate for the team, as well as for specialists and individual members of the team. The proposers listed the following questions as requiring answers.

- Who provides continuing education in different countries: pharmaceutical firms, the professions or others? What different influences do the different providers of continuing education have on health workers?
- What are the existing and the desired components of continuing education in PHC in terms of knowledge, skills and attitudes?
- What are the decision processes involved in continuing education in different countries?
- What is the influence of the mass media?
- What methods are used by PHC teams in their daily work, e.g. records, visits? How is the work organized?
- What are the attitudes of different types of health worker to continuing education?

The proposers suggested that, as no information was at present available in a reliable or detailed form, it would be best to begin with case studies in order to provide some reliable and substantial data. The case studies could point the way to further types of research. This stage would be a descriptive study to find out what was happening, where and how. The studies would attempt to discover the opinions of health care receivers as an indicator of the effectiveness of continuing education. It might even be possible to compare those receiving continuing education in this aspect of PHC with those not being so educated. The main purpose of the studies would be to examine a range of organized and other types of continuing education, in order to find out what already existed, and then to ascertain what needed to be added or improved. Seminar participants from the Institute of Hygiene, Padua, the Faculty of Medical Sciences, Lisbon, the BLAT Centre for Health and Medical Education, London, and the Department of Medicine, Tromsø, expressed an interest in undertaking such research. A descriptive study of that nature would fit in well with the Regional Office's policy for the next four to five years.

9.2 Decision-making in regard to specialization

What are the sources of decisions about specialization? Who makes the decisions? Where are they made? Why are they made? A multicentre study needs to be conducted.

Several participants expressed interest in undertaking research in this area, but it was not possible to organize a group discussion to formulate detailed proposals during the Seminar. A follow-up meeting was subsequently arranged on this subject.

9.3 Systems of specialization

It was proposed to undertake research which would facilitate the devising and implementation of a specialization system best adjusted to population health needs. The system of specialties should aim to meet needs in the area of prevention, treatment, care and rehabilitation. For this purpose, "specialty system" means the division of labour into various fields which cover community needs as well as hospital care. Interest is in the formal specialization of physicians, pharmacists, stomatologists, nurses and other health workers (biologists, psychologists, engineers, etc.), as well as in informal ways of dividing the work. As a first stage, the study would describe the current situation in various countries and evaluate the present state of affairs from the point of view of population needs. A description would thus be made of the general characteristics of specialties, postgraduate training systems, administrative aspects and selected features of activity in various specialties. Both quantitative data and qualitative descriptions would be required, as quantitative data are not sufficient.

To do this, one could use a comprehensive survey of specialties in many countries; alternatively, one might be concerned with a selected number of specialties, e.g. a large traditional one such as paediatrics, a more narrow traditional one such as otolaryngology, and a new one such as oncology. A pilot study could precede the final choice of study method.

The proposers considered that an evaluation of the degree to which the present system of specialization matched the health needs of the population was much more difficult to carry out. However, some criteria have already been put forward as the basis for such an evaluation:

- quantitative indicators describing health care organization and concerning epidemiology and demography response rates, morbidity and age distribution of the population;
- opinions of various kinds of expert: ministry officials, professionals, community representatives;
- existing and planned hospital and outpatient facilities (including equipment);
- the demands of industry;
- living conditions of the population;
- cultural background.

However, owing to the lack of an adequate methodology, it is difficult at the present time to make use of these criteria. Two possible methods were considered. The first is based on needs and the second on specialties. In the first, one can take as the reference point the list of basic health problems (or needs) as indicated, for example, in existing WHO publications. These can then be used to check the hypothesis that the specialty systems are not matched to population needs. The second possible method, based on specialties, compares specialties with needs, i.e. by trying to establish to what extent a given health problem or group of problems may be solved by each of the specialties under consideration. This could possibly lead to a valuable result, and as a method was endorsed by the majority of the proposers of this research project.

Another possible approach might be to start with an analysis of the functions and tasks of various specialties, and to determine how these match the health needs of the population. Both preventive and curative aspects would have to be studied. This approach could be disease-oriented or age-group-oriented, for instance.

The results of the completed study could be used to draw up a strategy for improving specialty systems. The aim of such a strategy would be to influence administrators and change the attitudes of professionals and of the population. There would then be the stages of drawing up plans for change and the implementation of those plans.

During the discussion on this proposal, it was suggested that it might be better to talk about orientation of the specialists to PHC, and to make the research more oriented to action, by asking how well the specialties matched the intended strategies of a given country. Such studies should consider not only physicians but also other health professionals who specialize.

There was insufficient time to arrange all the necessary details of this proposal. It was suggested that it would need careful follow-up after the Seminar and that perhaps a steering group should be appointed to undertake the necessary work, which would be complex.

10. Network in teacher training

Much interest was shown in the proposal to create a network of persons engaged in teacher training in the European Region. The idea was to set up a mechanism for contacts between people actually training teachers, so that they could keep in touch regularly, either by letter or through occasional meetings. It might even be possible to produce a booklet listing the various centres that provide teacher training, the staff involved, the type of work they carried out and the methods advocated. Another idea was the production of a regular news-sheet, which would give information, abstracts and descriptions of individual undertakings. It was acknowledged that for some countries a booklet listing courses would not be of much value, because many initiatives were either on an ad hoc basis, i.e. not centred on particular institutions, or resulted from international cooperation on an irregular basis. However, there was much support for the creation of the proposed network, as many participants confessed to being ignorant about what was happening even in their own countries. Some saw great potential benefit in the mutual support that such a network could provide. Others welcomed the advantages to be derived from the communication of ideas about education and the benefits that would result for educational research in the health field.

It was suggested that the network should concentrate on three aspects.

- (a) Data. The network would provide information about what is actually happening, thus facilitating an exchange of ideas and knowledge.
- (b) Learning. Network members could learn from each other how to teach and how to learn. In fact, this could lead to possible research projects.
- (c) "Health for all" orientation. It might be possible to assess the extent to which the strategy for attaining health for all by the year 2000 is reflected in the training of teachers.

The BLAT Centre for Health and Medical Education, London, accepted an invitation to be the central coordinating body for the creation of the network and to facilitate it.

The proposed network could lead to the establishment of a core curriculum for teacher training, incorporating the strategy for health for all by the year 2000. It might encourage other countries to develop their own teacher training courses. All in all, the creation of such a network with these motives and ideals would encourage self-sufficiency. A warning was sounded, however, that some years ago WHO itself produced a catalogue of such teacher training centres, but the publication met with only partial success owing to varying expectations of the intended readership in the countries of the European Region.

11. Conclusions

The Seminar participants identified three priority areas for research (see section 9 above).

- (1) Evaluation of continuing education, with reference to PHC activities for the elderly. Case studies are to be developed in several countries. Since elderly people form a growing proportion of the population in most countries of the Region and the present system of formal education does not adequately prepare health personnel to address the problems of the elderly, continuing education could have a major impact in this area.
- (2) Decision-making in regard to specialization. A multicentre study will describe the various processes and forces which have led to the present situation. It will identify the most effective points of entry and mechanisms for redirecting strategies.
- (3) Systems of specialization. The study would analyse the functions and tasks of selected specialties and compare them with health needs, the ultimate aim being to devise a specialization system best adjusted to those needs. This study and the study on decision-making in regard to specialization would be largely interactive after the preliminary stage.

During the Seminar, a number of representatives of participating centres expressed their willingness to be involved in work on these research priorities.

It was suggested that the WHO Regional Office for Europe might play a coordinating role as required. This coordination could, for instance, include organizing small working groups to develop protocols further and seeking the support of national authorities in pursuance of the three research priorities described above.

Annex 1

LIST OF PARTICIPANTS

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SUMMARIES IN FRENCH, GERMAN AND RUSSIAN

RESUME

Introduction

Le séminaire a rassemblé 22 participants de 17 pays européens, un observateur et quatre fonctionnaires de l'OMS. Il s'agissait pour la plupart de directeurs de centres participants assurant un enseignement post-universitaire et de formation permanente en médecine. L'éducation pour la santé, les soins infirmiers, la pharmacie et la pédiatrie étaient également représentés.

Portée et objectifs

Le séminaire devait répondre à la question de savoir quel pouvait être le rôle des centres participants de l'OMS pour satisfaire les besoins éducatifs prioritaires de la Région européenne, c'est-à-dire en fait atteindre les trois objectifs suivants :

- veiller que les nouvelles spécialités répondent véritablement aux besoins des services de santé;
- développer la recherche sur le développement des personnels de santé;
- modifier les caractéristiques de la formation permanente afin de pouvoir mettre en oeuvre les stratégies régionale et mondiale d'instauration de la santé pour tous d'ici l'an 2000.

Le séminaire a également suggéré les mesures à prendre par les autorités nationales dans ce domaine, indiqué au Bureau régional les activités qu'il conviendrait de mettre en oeuvre et offert aux directeurs des centres participants un cadre général pour débattre de leurs problèmes communs. Les participants ont travaillé en groupe.

Thèmes faisant l'objet des trois documents présentés

1. La recherche

Les participants devaient décrire des problèmes de recherche pertinents concernant le développement des personnels de santé et proposer diverses approches méthodologiques possibles pour résoudre ces problèmes en précisant les ressources disponibles ou nécessaires.

Le débat a révélé que la question de la reconnaissance de la légitimité de la recherche sur l'enseignement médical était préoccupante. Parmi les principaux sujets de recherche, on peut citer les besoins du spécialiste de la médecine communautaire, les caractéristiques de divers professionnels des soins de santé primaires, l'adéquation des programmes et des services de santé, l'évaluation de l'enseignement post-universitaire du point de vue des besoins sanitaires, les méthodes d'enseignement post-universitaire, le lien entre l'enseignement universitaire et le choix d'une carrière et enfin la formation de non-spécialistes par des professionnels de la santé.

L'examen de ces problèmes doit reposer sur des études comparatives de différentes institutions, des études de cas et des enquêtes par sondage. Les ressources nécessaires se trouvent principalement dans les écoles de médecine.

2. La spécialisation

Les participants ont noté la nature ambivalente de la spécialisation, en ce sens qu'elle favorise le progrès médical mais semble davantage être la conséquence de modes de vie nuisibles à la santé plutôt qu'une méthode de promotion de modes de vie sains. Les sujets de discussions proposés étaient le contenu (médical) spécialisé des SSP, la politique d'orientation vers un niveau supérieur, le lien entre le spécialiste et les services de santé communautaires, la formation supérieure des généralistes, le travail en équipe, la planification des personnels, le numerus clausus, la variété des types de formation, la durée de la formation, la formation permanente et les restrictions imposées à la pratique de la médecine. Les résultats de la discussion montrent que les administrateurs sanitaires devraient jouer un rôle dans ce domaine, qu'il faut apprendre aux professionnels de la santé à travailler avec des ressources financières limitées et qu'il faut peut-être appeler désormais la "spécialisation médicale" "spécialisation sanitaire" afin d'y inclure la compétence, la personnalité du praticien, son statut, la demande de la communauté et l'organisation des services de santé.

Le système de la libre entreprise conduit à l'apparition de spécialités n'ayant aucun lien avec les besoins sanitaires de la collectivité, ce qui a des répercussions négatives sur les patients, sur les autres professionnels de la santé et sur les SSP. Il faut donc mettre en place un système de surveillance afin de contrôler, orienter, planifier et évaluer les services de santé, dont le développement des personnels fait partie intégrante. Les agents de santé devraient recevoir une formation, de préférence intégrée, consacrée au rôle de l'environnement et à l'importance des modes de vie.

Les domaines de recherche intéressants sont le choix d'une spécialité, les structures de carrière des spécialistes, l'évaluation de la demande et des besoins communautaires en médecine spécialisée, l'évaluation de l'efficacité de la formation permanente pour les spécialistes, et l'évaluation des qualifications des spécialistes. Le meilleur moyen d'effectuer ces recherches consiste à adopter un protocole commun afin de pouvoir comparer les activités entreprises dans différents pays. Les informations actuellement disponibles en Europe sur la spécialisation sont encore peu importantes et pourraient être développées. Les participants ont mis l'accent sur le fait que ces études ne devaient pas être imposées par l'OMS et qu'il serait préférable que l'initiative en vienne de la base. L'OMS pourrait y contribuer en construisant un modèle théorique de l'école de médecine de l'an 2000 (y compris les centres de formation post-universitaire) afin de présenter le futur système général d'enseignement médical.

3. La formation permanente

Les participants ont considéré que l'objectif de la formation permanente pour les SSP était davantage de modifier les attitudes que de transmettre des connaissances, des qualifications et un savoir-faire nouveaux. La coopération internationale est toujours nécessaire car les SSP et la formation permanente sont plus ou moins développés selon les pays. L'aide extérieure constitue donc un moyen tactique pour modifier les attitudes étant donné que ce qui vient de l'étranger est souvent adopté plus rapidement que ce qui est d'origine nationale.

Les agents de santé travaillant hors du milieu hospitalier sont ceux qui ont le plus besoin de la formation permanente. Les besoins de l'équipe de SSP, par opposition aux différents membres qui la composent, sont également importants. Il faudrait préparer le noyau des programmes de formation permanente concernant l'approche communautaire et les différentes activités à mener dans la communauté.

La discussion a montré que la formation permanente est utile pour le généraliste comme pour le spécialiste. Il est important d'avoir un échange d'expériences et de définir une politique commune de formation d'enseignants. La recherche, qui interviendrait après ces échanges, porterait principalement sur les méthodes d'enseignement, l'organisation de la formation permanente, et les liens existants entre la formation permanente d'une part et l'enseignement universitaire et post-universitaire de l'autre. Les compétences et les attitudes nécessaires à la formation permanente qui cherche essentiellement à modifier les attitudes et à améliorer le processus de prise de décision et les performances des participants sont souvent absentes des méthodes traditionnelles d'enseignement et d'apprentissage qui sont donc inadaptées.

La formation des enseignants à la pédagogie est un élément important.

Il faudrait également tenir compte des incitations, des motivations, de la satisfaction professionnelle et des perspectives de carrière. Dans l'idéal, la formation permanente devrait être multiprofessionnelle et mettre l'accent sur le travail en équipe, les méthodes d'enseignement et d'apprentissage et les processus de raisonnement.

Les centres participants pourraient contribuer à la planification de la formation permanente, à la recherche et à la fourniture de conseils dans ce domaine, tant au niveau national qu'international. Ils pourraient essayer de déterminer le nombre de médecins qui sera nécessaire en l'an 2000 et leur répartition, comment résoudre le problème posé par le nombre actuellement trop important de médecins, quels sont les principaux problèmes qui se posent aux médecins de SSP en gériatrie, et comment la formation permanente devrait préparer les médecins à aborder les risques auto-imposés, tels que l'abus d'alcool.

Conclusions

Les participants ont recommandé à l'OMS les mesures suivantes :

1. Formation des enseignants. Il s'agit de la meilleure utilisation possible des ressources. Les enseignants doivent avoir une formation de base en pédagogie et notamment apprendre les compétences spéciales nécessaires pour enseigner à un groupe interdisciplinaire.

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2. Partage d'expérience. Les participants ont souligné à différentes occasions combien il est nécessaire de mettre en commun les idées et les expériences, ce qui pourrait déboucher sur une aide mutuelle, le partage de l'information et l'exécution de projets de recherche communs.
3. Systèmes d'évaluation et/ou de surveillance. Tous les systèmes d'enseignement devraient être conçus afin de pouvoir être évalués. Une première mesure en ce sens consisterait à créer une base de données sur la situation actuelle de la formation permanente et de l'enseignement spécialisé dans différents pays.
4. Contenu des cours. Le contenu des cours doit répondre aux besoins sanitaires connus.
5. Gestion et économie. Les gestionnaires font partie des SSP. Devraient-ils être également médecins ? Les administrateurs comme les médecins ont besoin d'apprendre à travailler avec des contraintes économiques connues. Il faudrait leur apprendre à accepter cette idée et à en tirer profit pour répondre avec imagination aux besoins sanitaires.
6. Participants aux programmes de formation permanente. Il faut mieux connaître leurs motivations et le cadre dans lequel ils travaillent et apprennent.

Recommandations

1. Evaluation de la formation permanente. L'OMS devrait procéder, dans différents pays, à des études de cas sur la formation permanente aux SSP pour répondre aux problèmes des personnes âgées. Ces études permettraient de procéder ultérieurement à une évaluation de la formation permanente. Les participants de l'Institut d'Hygiène de Padoue, de la Faculté des Sciences médicales de Lisbonne, du BLAT Centre de Londres et du Département de Médecine de Tromsø se sont déclarés intéressés par la réalisation de ces recherches.
2. Le choix d'une spécialité. L'OMS devrait entrer en contact avec les participants qui se sont montrés intéressés par cette question et leur demander d'élaborer un protocole de recherche.
3. Création d'un réseau de responsables de la formation des enseignants. L'OMS devrait faciliter la mise en place d'un mécanisme permettant à ceux qui participent effectivement à la formation des enseignants de partager leurs informations, du personnel, leurs expériences, et de réaliser en commun des projets de recherche et d'évaluation, voire un bulletin. Les participants du BLAT de Londres se sont montrés intéressés par la réalisation de ce travail.
4. Spécialisation. L'OMS devrait encourager la planification et l'application d'un système de spécialisation mieux adapté aux besoins sanitaires de la population. Elle pourrait commencer par décrire la situation actuelle dans plusieurs pays et déterminer si cette situation correspond aux besoins de la population. Les données, tant qualitatives que quantitatives nécessaires, seraient obtenues à l'occasion d'une étude descriptive des caractéristiques générales des spécialités, des systèmes de formation post-universitaire, des aspects administratifs, et de certaines caractéristiques de différentes spécialités. Une étude pilote pourrait permettre de mieux cerner le domaine d'étude et d'affiner les méthodes employées. L'objectif ultime de cette étude serait de déterminer dans quelle mesure les spécialités sont adaptées aux stratégies nationales envisagées pour la mise en oeuvre des soins de santé primaires. Les participants de l'Hôpital Evangelismos d'Athènes et de l'Institut d'Hygiène de Padoue se sont déclarés intéressés par sa réalisation.

L'OMS a été priée d'examiner ces questions avec les autorités nationales.

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ZUSAMMENFASSUNG

Einleitung

Dieses Seminar wurde von 22 Teilnehmern aus 17 europäischen Ländern, einem Beobachter und vier WGO-Mitarbeitern besucht. Die meisten Teilnehmer waren Leiter von Kollaborationszentren, die sich mit der medizinischen Ausbildung auf Nachdiplomstufe und der ständigen medizinischen Fortbildung befassen. Auch die Fachgebiete Gesundheitserziehung, Pflegewesen, Pharmazeutik und Kinderpflege waren vertreten.

Zweck der Tagung

Das Seminar befasste sich mit der Frage, welche Rolle die WGO-Kollaborationszentren spielen sollten, um den vordringlichen Ausbildungsbedürfnissen der Europäischen Region nachzukommen. Dabei geht es um drei Ziele:

- sicherzustellen, dass die Ausbildung in Spezialfächern den tatsächlichen Bedürfnissen der Gesundheitsdienste entspricht
- den Umfang der auf die Ausbildung von Gesundheitspersonal bezogenen Forschung zu vergrößern und
- die Ausrichtung der beruflichen Fortbildung so zu verändern, dass die regionale und die nationalen Strategien zum Erreichen des Ziels "Gesundheit für alle bis zum Jahr 2000" verwirklicht werden.

Das Seminar stellte sich ferner die Aufgabe, Anregungen zu geben, welche Massnahmen die Gesundheitsbehörden der Länder bezüglich dieser Probleme treffen sollten, ferner das Regionalbüro über Aktivitäten zu beraten, deren Entwicklung zweckmässig erscheint, und ein gemeinsames Forum zu schaffen, auf dem die Leiter der Kollaborationszentren Fragen von gegenseitigem Interesse erörtern können. Die Tagungsteilnehmer arbeiteten in Gruppen.

Einführung in aktuelle Themen durch drei wissenschaftliche Referate

1. Forschung

Die Teilnehmer wurden ersucht, einschlägige und durchführbare Forschungsprobleme auf dem Gebiet der Ausbildung von Gesundheitspersonal zu nennen und mögliche methodische Lösungswege unter Angabe der verfügbaren oder erforderlichen Mittel aufzuzeigen.

In der Diskussion zeigte sich eine gewisse Besorgnis über die Anerkennung der Legitimität der Forschung auf dem Gebiet der medizinischen Ausbildung. Als wichtige Forschungsgebiete wurden u.a. genannt: die Anforderungen an den Spezialisten für Gemeindearbeit, Berufsprofile der verschiedenen Fachleute auf dem Gebiet der primären Gesundheitsversorgung, die Anpassung der Lehrpläne an die Bedürfnisse der Gesundheitsdienste, die Bewertung der Nachdiplomausbildung im Hinblick auf die Gesundheitserfordernisse, Ausbildungsmethoden in der Nachdiplomausbildung, der Zusammenhang zwischen Vordiplomausbildung und Wahl der Laufbahn sowie die Ausbildung von Laien durch Fachkräfte der Gesundheitsberufe.

Als Methode zur Untersuchung dieser Themen wurden vergleichende Studien verschiedener Institutionen, Fallstudien und Stichprobenerhebungen genannt. Die nötigen Forschungsressourcen seien hauptsächlich in den medizinischen Fakultäten zu finden.

2. Spezialfachausbildung

Es wurde auf die zweiseitige Natur der Spezialisierung hingewiesen: Einerseits ermöglicht sie Fortschritte der Medizin, andererseits scheint sie eher eine Reaktion auf ungesunde Lebensweisen zu sein, statt eine gesunde Lebensführung zu fördern. Zur Diskussion wurden folgende Punkte vorgeschlagen: der spezialisierte (medizinische) Inhalt der primären Gesundheitsversorgung, die Überweisungspolitik, das Verhältnis zwischen Spezialisten und gemeindenahen Gesundheitsdiensten, Fachausbildung von Allgemeinärzten auf Nachdiplomstufe, Teamarbeit, Planung von Arbeitskräften, zahlenmässige Kontrolle, Vielfalt der Ausbildungserfahrungen, Ausbildungsdauer, Fortbildung und Einschränkung der Praxis. In der Diskussion kam zum Ausdruck, dass die Vertreter des Gesundheitswesens auf diesem Gebiet eine wichtige Rolle spielen, dass die Ausbildung von Fachkräften der Gesundheitsberufe sich darauf erstrecken muss, unter finanziellen Einschränkungen arbeiten zu lernen,

und dass der Begriff "medizinische Spezialisierung" besser in "Gesundheitsspezialisierung" umbenannt werden sollte, da diese die Fachkompetenz, Identität, Status, Gemeinschaftsbedürfnisse und die Organisation der Gesundheitsdienste einschliesst.

Das System der freien Marktwirtschaft führt zur Entwicklung von Spezialgebieten, die nichts mit den Gesundheitsbedürfnissen der Bevölkerung zu tun haben, was sich negativ auf die Patienten, die übrigen Vertreter der Gesundheitsberufe und die primäre Gesundheitsversorgung auswirkt. Zur Kontrolle, Lenkung, Planung und Bewertung der Gesundheitsdienste ist ein Überwachungssystem erforderlich, zu dem u.a. die Ausbildung von Arbeitskräften gehört. Das Gesundheitspersonal muss auf dem Gebiet der Umweltfaktoren und Lebensweisen ausgebildet werden, doch sollte diese Ausbildung nicht getrennt, sondern auf integrierter Art erfolgen.

Zu den einschlägigen Forschungsgebieten zählen die Entscheidungsprozesse betreffend die Spezialisierung, die Laufbahnstruktur der Spezialisten, die Bewertung der Nachfrage und des Bedarfs der Bevölkerung nach spezialisierten Diensten, die Bewertung der Effektivität der ständigen Fortbildung von Spezialisten sowie die Bewertung der Fachkompetenz von Spezialisten. Diese Forschung könnte am besten mittels eines gemeinsamen Protokolls erfolgen, damit die Aktivitäten in den verschiedenen Ländern vergleichbar werden. Die derzeit in Europa verfügbaren Informationen über die Spezialisierung stecken noch in den Anfängen und könnten daher noch stark verbessert werden. Es wurde betont, dass derartige Studien von der Basis aus kommen müssten und nicht von der WGO aufgezungen werden dürften. Die WGO könne durch die Konstruktion eines theoretischen Modells der medizinischen Lehranstalten (einschliesslich Instituten für die Fortbildung auf Nachdiplomenebene) im Jahr 2000 mithelfen, das gesamte System der künftigen medizinischen Ausbildung zu überdenken.

3. Berufliche Fortbildung

Es wurde die Ansicht vertreten, dass die Fortbildung in primärer Gesundheitsversorgung für die Veränderung der herrschenden Einstellungen noch wichtiger sei als für den blossen Erwerb von Wissen, Fachkompetenz und beruflichen Fertigkeiten gemäss dem neuesten Wissensstand. Gegenseitige Hilfe unter den Ländern sei immer noch erforderlich, da verschiedene Länder hinsichtlich der Entwicklung sowohl ihrer primären Gesundheitsversorgung als auch der Fortbildung auf verschiedenen Stufen ständen. Hilfe von aussen ist somit ein taktisches Instrument in der Bemühung zur Änderung der Einstellungen, da Aussenstehende oft grösseren Einfluss haben als örtliche Lehrkräfte.

Der grösste Weiterbildungsbedarf wurde bei denjenigen Vertretern der Gesundheitsberufe festgestellt, die ausserhalb der Kliniken arbeiten. Wichtig ist auch der Weiterbildungsbedarf des Primärversorgungsteams im Unterchied zu demjenigen der einzelnen Angehörigen dieses Teams. Die Grundinhalte der Weiterbildung entsprechend den unterschiedlichen Erfahrungen und der unterschiedlichen Exposition gegenüber dem Gemeinwesen müssten erarbeitet werden.

Aus der Diskussion ging hervor, dass eine ständige Fortbildung nicht nur für Allgemeinärzte, sondern auch für Spezialisten nötig ist. Man hielt es für wichtig, verschiedenartige Erfahrungen auszutauschen und eine gemeinsame Politik der Ausbildung von Lehrkräften festzulegen. Die Forschung, die nach einem solchen Erfahrungsaustausch einsetzen würde, müsste sich zur Hauptsache mit der Ausbildungsmethodik, der Organisation der beruflichen Fortbildung und dem Verhältnis zwischen beruflicher Fortbildung und akademischer Grund- und Weiterbildung befassen. Die für die Fortbildung erforderlichen Qualifikationen und Einstellungen würden von den traditionellen Ausbildungsmethoden häufig negiert. Da sich die berufliche Fortbildung hauptsächlich um die Verbesserung der Einstellung, der Entscheidungsbildung und der Leistungsfähigkeit bemüht, sind die herkömmlichen Lehr- und Lernmethoden dafür nicht geeignet.

Ein wichtiger Aspekt ist die Ausbildung von Lehrkräften auf dem Gebiet der Pädagogik und der Unterrichtsmethoden.

Auch mögliche Anreize, die Motivation, die Befriedigung durch die Arbeit sowie die Laufbahnaussichten müssten berücksichtigt werden. Im Idealfall sollte die berufliche Fortbildung multiprofessionell sein, wobei das Hauptgewicht auf Teamarbeit, Lern- und Unterrichtsmethoden und Denkprozesse zu legen wäre.

Kollaborationszentren könnten bei der Planung, Erforschung und Beratung hinsichtlich der beruflichen Fortbildung sowohl auf nationaler als auch internationaler Ebene helfen. Sie könnten untersuchen, wie viele Ärzte im Jahr 2000 benötigt werden und wie diese verteilt werden müssten, ferner was angesichts des gegenwärtigen Ärzteüberschusses zu tun ist, welches die Schlüsselprobleme der in der Primärversorgung tätigen Ärzte hinsichtlich der geriatrischen Betreuung sind und welche Fragen für die Ausbildung bezüglich selbstaufgelegter Risiken wie Alkoholmissbrauch besonders wichtig sind.

Schlussfolgerungen

Die Tagungsteilnehmer empfahlen der WGO die folgenden Punkte:

1. Ausbildung von Lehrkräften: Dies ist die beste Verwendung der verfügbaren Mittel. Die Lehrkräfte benötigen Grundkenntnisse der Ausbildungsmethodik und Pädagogik einschliesslich besonderer Fähigkeiten für interdisziplinäres Lernen in der Gruppe.
2. Erfahrungsaustausch: Wiederholt wurde das starke Bedürfnis geäussert, Gedanken und Erfahrungen in einem "Pool" zu vereinigen. Damit würden gegenseitige Unterstützung, Austausch von Erfahrungen und gemeinsame Forschungsprojekte möglich.
3. Bewertungs- und/oder Überwachungssysteme: Sämtliche Ausbildungssysteme bedürften einer Bewertungskomponente. Ein erster Schritt dazu wäre die Schaffung einer Datenbank über die gegenwärtige Lage im Hinblick auf die berufliche Fortbildung und die Spezialfächer in den verschiedenen Ländern.
4. Inhalt der Lehrpläne: Die Lehrpläne müssen den Gesundheitsbedürfnissen angepasst werden, soweit diese bekannt sind.
5. Management und Ökonomie: Manager sind ein Teil der primären Gesundheitsversorgung; müssen sie Ärzte sein oder nicht? Sowohl die Gesundheitsbeamten als auch die Ärzte müssen lernen, im Rahmen ökonomischer Einschränkungen zu arbeiten. Sie müssen dazu ausgebildet werden, diesen Gedanken zu akzeptieren und ihr Wissen kreativ auf die Gesundheitsbedürfnisse anzuwenden.
6. Die Lernenden: Die Motivation der Lernenden und ihre Arbeits- und Lernbedingungen müssen besser erforscht werden.

Empfehlungen

1. Bewertung der beruflichen Fortbildung: Der WGO wurde empfohlen, in verschiedenen Ländern Fallstudien über die Fortbildung in primärer Gesundheitsversorgung im Hinblick auf die Probleme der älteren Menschen auszuarbeiten. Damit würde eine Basis für die spätere Bewertung geschaffen. Interesse an der Durchführung solcher Studien bekundeten Teilnehmer des Hygieneinstituts von Padua, der Fakultät für medizinische Wissenschaften von Lissabon, des BLAT-Zentrums von London sowie der Abteilung für Medizin von Tromsø.
2. Entscheidungsbildung hinsichtlich der Spezialisierung: Es wurde empfohlen, dass die WGO Kontakt mit denjenigen Teilnehmern aufnehmen soll, die Interesse daran bekundet hätten, und sie ersuchen soll, ein Forschungsprotokoll auszuarbeiten.
3. Einrichtung eines Netzes von Fachkräften für die Lehrerausbildung: Es wurde empfohlen, dass die WGO die Einrichtung eines Mechanismus zur Kontaktaufnahme zwischen den derzeit auf dem Gebiet der Lehrerausbildung tätigen Fachkräften erleichtern sollte, um Informationen, Personal, Erfahrungen, Forschungs- und Bewertungsprojekte auszutauschen und vielleicht ein Mitteilungsbulletin erscheinen zu lassen. Die Teilnehmer des BLAT-Zentrums von London zeigten Interesse daran, diese Arbeit zu übernehmen.
4. Spezialisierung: Es wurde empfohlen, dass die WGO die Planung und Verwirklichung eines Spezialisierungssystems fördern solle, das den Gesundheitsbedürfnissen der Bevölkerung optimal angepasst ist. Ein erster Schritt wäre die Beschreibung der heutigen Lage in verschiedenen Ländern und die Bewertung der gegenwärtigen Sachlage unter dem Gesichtspunkt der Bedürfnisse der Bevölkerung. Dafür seien sowohl qualitative als auch quantitative Daten nötig, die durch eine deskriptive Studie über die allgemeinen Merkmale von Spezialfächern, Ausbildungssysteme auf Nachdiplomstufe, administrative Aspekte und ausgewählte Merkmale verschiedener Spezialgebiete gesammelt werden könnten. Eine Pilotstudie könne helfen, das Studiengebiet genauer abzugrenzen und die Studienmethoden zu verfeinern. Die Studie hätte letztlich zum Zweck, zu ermitteln, wie gut die Spezialfachgebiete mit den beabsichtigten nationalen Strategien für die primäre Gesundheitsversorgung übereinstimmen. Die Teilnehmer des Evangelismos-Krankenhauses von Athen und des Hygieneinstituts von Padua zeigten Interesse an dieser Forschung.

Die WGO wurde ersucht, über diese Fragen mit den nationalen Behörden Kontakt aufzunehmen.

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РЕЗЮМЕ

Введение

В работе Семинара приняли участие 22 представителя из 17 европейских стран, один наблюдатель и четыре сотрудника ВОЗ. Большую часть участников Семинара составляли директора участвующих центров, работающих в области постдипломной медицинской подготовки и усовершенствования врачей. В совещании приняли участие также специалисты в области санитарного просвещения, сестринского дела, Фармации и педиатрии.

Цели и задачи

Участники Семинара поставили перед собой вопрос: какую роль должны играть участвующие центры ВОЗ в удовлетворении первоочередных потребностей стран Европейского региона в области образования? В рамках достижения этой цели перед ними стоят следующие три задачи:

- обеспечение соответствующего уровня подготовки выпускаемых специалистов, отвечающего реальным потребностям медико-санитарных служб;
- расширение объема исследований в области развития кадров здравоохранения;
- совершенствование параметров непрерывного обучения в целях реализации региональной и национальной стратегии достижения здоровья для всех к 2000 году.

В задачу Семинара входила также разработка предложений по этим направлениям работы для руководящих органов в странах, подготовка рекомендаций для Регионального бюро относительно целесообразности проведения тех или иных мероприятий и организация обсуждения директорами участвующих центров вопросов, представляющих взаимный интерес. Участники Семинара работали в группах.

Темы, представленные в трех докладах

1. Научные исследования

Перед участниками Семинара была поставлена задача раскрыть соответствующие касающиеся руководства научными исследованиями проблемы развития кадров здравоохранения и определить возможные методологические подходы к их решению, дав при этом характеристику имеющихся или необходимых для этого ресурсов.

В ходе дискуссии была подчеркнута важность признания необходимости проведения научных исследований в области медицинского образования. К числу некоторых наиболее важных проблемных областей научных исследований следует отнести такие темы, как: потребности специалистов, работающих среди населения; профайлы представителей различных профессий, работающих в области ПМСП; соответствие учебных программ потребностям медико-санитарных служб; оценка постдипломной подготовки с учетом потребностей в области здравоохранения; методология обучения при постдипломной подготовке; обучение студентов медицинских вузов и выбор ими профессиональной карьеры; обучение непрофессиональных работников специалистами в области здравоохранения.

В качестве методики изучения этих вопросов будут использованы сравнительные исследования, проведенные различными учреждениями, специальные разработки и выборочные исследования. Ресурсы для проведения этих исследований будут сосредоточены в основном в медицинских школах.

2. Специальная подготовка

Участники Семинара отметили противоречивый характер специальной подготовки: с одной стороны, она стимулирует развитие медицины, с другой, она не столько содействует развитию здорового образа жизни, сколько является ответной реакцией на распространение нездоровых привычек поведения. В качестве тем для дискуссии были предложены следующие вопросы: "медицинская" специализация в рамках ПМСП; практика направления к врачу; деятельность специалиста в рамках медико-санитарных служб по месту жительства; учеба врачей общего профиля в аспирантуре; бригадная работа; планирование кадров; контроль за количеством выпускаемых специалистов; различные формы организации учебного процесса; продолжительность подготовки; непрерывное обучение и ограничения практики. Участники дискуссии отметили, что определенную роль в решении указанных проблем играет административный персонал здравоохранения. Важнейшим элементом подготовки профессиональных работников здравоохранения является обучение работе в условиях сдерживания финансовых расходов. Участники

Семинара отметили, что, возможно, было бы целесообразно вместо термина "медицинская специализация" использовать термин "специализация в области здравоохранения", имея под этим в виду соответствующий уровень компетенции, служебного соответствия и статуса, потребности населения и организации медико-санитарных служб.

Система свободного предпринимательства ведет к появлению специальностей, независимых от нужд коммунального здравоохранения. Это оказывает негативное воздействие на положение пациентов, других профессиональных работников здравоохранения и ПМСП в целом. Необходимо внедрение системы мониторинга для контроля, направления, планирования и оценки деятельности медико-санитарных служб, частью работы которых является развитие кадров. Работники здравоохранения должны получать интегрированную, а не спорадическую подготовку по проблемам окружающей среды и образа жизни.

К числу представляющих интерес областей научных исследований были отнесены следующие темы: процесс принятия решений по вопросам специализации; структура продвижения по службе специалистов; оценка потребностей населения и их взаимосвязь с задачами в области специальной подготовки; оценка эффективности непрерывного обучения специалистов; оценка компетенции специалистов. Составление общего протокола исследования позволило бы наилучшим образом организовать его проведение и сделать сопоставимыми результаты проведения мероприятий в различных странах. В настоящее время информационная работа по проблемам специализации в странах Европы находится в начальной стадии и требует дальнейшего развития. Участники Семинара подчеркнули, что исследования в этих областях должны проводиться по инициативе с мест, а не по указанию ВОЗ. ВОЗ могла бы оказать содействие в разработке теоретических моделей развития медицинских школ (включая школы постдипломной подготовки) к 2000 году, в которых нашла бы отражение вся будущая система медицинского образования.

3. Непрерывное обучение

Участники Семинара отметили, что непрерывное обучение в области ПМСП играет важную роль в изменении отношения к первичной медико-санитарной помощи, а не только дает возможность обновления знаний и навыков, а также повышения квалификации. По-прежнему необходимы международные усилия в этом направлении в связи с тем, что различные страны находятся на неодинаковом уровне развития первичной медико-санитарной помощи и непрерывного обучения. Внешнее содействие является рычагом для развития деятельности по изменению отношения к рассматриваемой проблеме, поскольку оно нередко оказывает большее воздействие на состояние дел, чем работа преподавательского состава на местах.

Наибольшую потребность в непрерывном обучении ощущает медико-санитарный персонал, работающий вне больницы. Важное значение имеет также непрерывное обучение всей бригады первичной медико-санитарной помощи, а не только отдельных ее членов. Необходимо разработать основные параметры содержания непрерывной подготовки с учетом различий в опыте специалистов и характере их работы с населением.

В ходе дискуссии было отмечено, что непрерывная подготовка должна проводиться не только среди врачей общего профиля, но и среди специалистов. Была подчеркнута важность обмена опытом и разработки общей политики подготовки преподавательского состава. Основное внимание в рамках научных исследований, которые будут проводиться после такого обмена мнениями, будет уделено методологии обучения, организации непрерывной подготовки, а также взаимосвязи непрерывного обучения с дипломной и постдипломной подготовкой. В рамках традиционных методов преподавания нередко отсутствует позитивное отношение к непрерывному обучению и развитию навыков в этой области. Поскольку непрерывная подготовка касается в основном развития взглядов, совершенствования процесса принятия решений и практической деятельности, использование в ней традиционных методов преподавания и обучения не является адекватным.

Одним из важных компонентов работы является подготовка преподавательского состава в педагогической области, а также по методике обучения.

Необходимо учитывать также такие факторы, как стимулы осуществляемой деятельности и ее мотивацию, удовлетворенность работой и перспективы продвижения по службе. В идеальном варианте подготовка кадров должна носить многопрофессиональный характер, при этом основное внимание должно уделяться бригадной работе, преподаванию и овладению необходимыми методами, а также процессом принятия обдуманных решений.

Участвующие центры могли бы содействовать в планировании непрерывного обучения, в проведении научных исследований и осуществлении консультаций как на национальном, так и на международном уровнях. При их участии было бы целесообразно рассмотреть следующие вопросы: какое число докторов понадобится в 2000 году, как будет осуществляться их распределение, как решить проблему избыточного числа врачей, каковы основные задачи врачей ПМСП при гериатрическом обслуживании, каковы наиболее важные аспекты подготовки кадров с учетом факторов риска, определяемых поведением человека, например, связанных со злоупотреблением алкоголем?

Выводы

Участники Семинара рекомендовали ВОЗ развивать деятельность по следующим направлениям:

1. Подготовка преподавательского состава. Это направление работы предполагает наиболее рациональное использование имеющихся ресурсов. Преподавательский состав должен пройти соответствующую подготовку в области методологии обучения и педагогики, включая обучение конкретным навыкам междисциплинарной работы.
2. Обмен опытом. Неоднократно подчеркивалась необходимость обмена идеями и опытом. Такой обмен предполагает взаимопомощь, обмен информацией и реализацию совместных исследовательских проектов.
3. Системы оценки и/или мониторинга. Любая система образования предусматривает оценку осуществляемой деятельности. Первым шагом в этом направлении могло бы стать создание банка данных о состоянии дел в области непрерывного обучения и подготовки специалистов в различных странах.
4. Содержание учебных программ. Содержание учебных программ должно соответствовать потребностям здравоохранения.
5. Руководство и экономика. Вопросами организации ПМСП занимается руководящий персонал. Должны ли руководящие работники быть врачами по профессии? Как административному персоналу, так и врачам следует пройти подготовку к работе в условиях сдерживания финансовых расходов. Она необходима для своевременной адаптации к существующим условиям, а также для творческого использования накопленных знаний в целях удовлетворения потребностей населения в области здравоохранения.
6. Учащиеся. Необходимо больше знать о мотивации учащихся и условиях их работы и учебы.

Рекомендации

1. Оценка непрерывного обучения. ВОЗ было рекомендовано провести в разных странах специальные исследования по вопросам непрерывного обучения в области первичной медико-санитарной помощи с особым упором на проблемы престарелых. Результаты этих исследований послужат основой для проведения последующей оценки. Свою заинтересованность в проведении такого исследования выразили представители Института гигиены в Падуе, Факультета медицинских наук в Лиссабоне, Британского треста страхования жизни в Лондоне и Управления медицины в Тромсе.
2. Принятие решений в области специализации. ВОЗ было рекомендовано установить контакт с теми из участников совещания, которые проявили заинтересованность в разработке этого вопроса, и предложить им подготовить протокол соответствующего исследования.
3. Создание сети специалистов, работающих в области подготовки преподавательского состава. ВОЗ было рекомендовано содействовать созданию механизма, обеспечивающего постоянные контакты специалистов, работающих в области подготовки преподавательского состава, с целью обмена информацией, опытом, кадрами, результатами научных исследований и проектов по оценке, а также, возможно, последующего издания специального бюллетеня. Представители Британского треста страхования жизни в Лондоне выразили заинтересованность в проведении такой работы.
4. Специализация. ВОЗ было рекомендовано стимулировать планирование и внедрение системы специальной подготовки с учетом потребностей населения в области здравоохранения. Первым шагом в этом направлении мог бы стать сбор данных о состоянии дел в различных странах и его оценка с точки зрения потребностей населения. Для этого необходимы данные о качественных и количественных характеристиках, которые можно получить в ходе описательного исследования характерных особенностей специальной подготовки, систем постдипломного обучения, административных аспектов, а также некоторых особенностей отдельных видов специализации. Проведение экспериментального исследования содействовало бы определению областей и методов такого исследования. Его конечной целью будет определение соответствия специальной подготовки национальным стратегиям в области первичной медико-санитарной помощи. Представители Евангелийского госпиталя в Афинах и Института гигиены в Падуе выразили свою заинтересованность в проведении этого исследования.

ВОЗ было предложено рассмотреть эти вопросы с руководящими органами в странах.

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